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TO: Commissioner for Patents
FAX NO.: 703-872-9306
FROM: Eammon J. Wall/TV
DATE: June 9, 2004
MATTER: Serial No. 09/191,708 Filed: 11/13/98
DOCKET NO.: Garg 2-3
APPLICANT: Garg

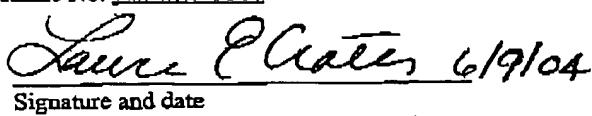
PER A TELEPHONE CONVERSATION WITH EXAMINER LEE,
TRUE COPIES OF MARCH 16, 2004 SUBMISSION OF RCE,
SUBMISSION UNDER 37 C.F.R. §1.114 AND ACCOMPANYING
TRANSMITTALS ARE SUBMITTED HEREWITH. ALSO
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DOCUMENTS BY THE PATENT OFFICE ON MARCH 16, 2004.
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Laura E. Crater

Name of person signing this certificate


Signature and date
Laura E. Crater 6/9/04

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TELEFAX COVER SHEET

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TO: Commissioner of Patents
FAX NO.: 703-872-9306
FROM: Eamon J. Wall/TV
DATE: March 16, 2004
MATTER: Serial No. 09/191,708 Filed: 11/13/98
DOCKET NO.: Garg 2-3
APPLICANT: Garg

The following has been received in the U.S. Patent and Trademark Office on the date of this facsimile:

<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> RCE Transmittal (2 copies)
<input type="checkbox"/> Disclosure Statement & PTO-1449	<input checked="" type="checkbox"/> Fee Transmittal (2 copies)
<input type="checkbox"/> Priority Document	<input checked="" type="checkbox"/> Deposit Account Transaction
<input type="checkbox"/> Drawings (<u> </u> sheets) informal	<input checked="" type="checkbox"/> Facsimile Transmission Certificate
<input checked="" type="checkbox"/> 1.114 submission - 18 pages	dated <u>3/16/04</u>

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Carol Wilson
Name of person signing this certificate

Carol Wilson 3/16/04
Signature and date

PTO/SB/17 (10-03)

Approved as through 07/31/2006, OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2004

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 770)

Complete if Known

Application Number 09/191,708

Filing Date 11/13/00

First Named Inventor Garg

Examiner Name Anh Vu H Ly

Group / Art Unit 2887

Attorney Docket No. Garg 2-3

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Other None
 Order
 Deposit AccountDeposit
Account
Number

02-0782

Deposit
Account
Name

Moser, Patterson & Sheridan, LLP

The Director is authorized to: (Check all that apply)

 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during pendency of this application
 Charge fee(s) indicated below, except for the filing fee
 to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Fee (\$)	Small Entity Fee Code (\$)	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)				(6) 0	

2. EXTRA CLAIM FEES

Total Claims	Entity	Extra Claims	Fee from below	Fee Paid
Independent Claims		-- = 0	X 0	= 0
Multiple Dependent:		-- = 0	X 0	= 0

Large Entity Fee Code (\$)	Fee (\$)	Small Entity Fee Code (\$)	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	66	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid ** Reissue independent claims over original patent
1204	88	2204	43	** Reissue claims in excess of 20 and over original patent
1205	18	2205	9	
SUBTOTAL (2)				(6) 0

*or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,400	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	2451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1808	180	1808	180
8021	40	8021	40
1809	770	2609	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify) _____			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 770)

Complete if applicable

Name (Print/Type)	Eamon J. Wall	Registration No. Attorney/Agent	39,414	Telephone	(732) 530-9404
Signature	<i>E.J. Wall</i>			Date	3/16/04

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